

B 25C (Official Form 25C) (12/08)

## UNITED STATES BANKRUPTCY COURT

In re Southern Pain Institute, P.C.,  
*Debtor*

Case No. 15-11593-whd

Small Business Case under Chapter 11

### SMALL BUSINESS MONTHLY OPERATING REPORT

Month: March 2017

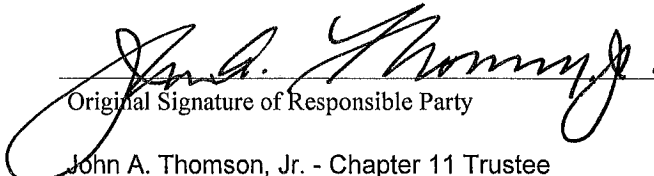
Date filed: April 21, 2017

Line of Business: Medical Practice

NAISC Code: 621111

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:

  
Original Signature of Responsible Party  
John A. Thomson, Jr. - Chapter 11 Trustee  
Printed Name of Responsible Party

**Questionnaire:** (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

B 25C (Official Form 25C) (12/08)

- |   |                          |                                     |
|---|--------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?               | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☐ ☒

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

*(Exhibit A)*

### INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

**TOTAL INCOME** \$ 994.13

### SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month \$ 26,405.58

Cash on Hand at End of Month \$ 15,854.26

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL** \$ 15,854.26

*(Exhibit B)*

### EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

**TOTAL EXPENSES** \$ 11,545.45

*(Exhibit C)*

### CASH PROFIT

INCOME FOR THE MONTH *(TOTAL FROM EXHIBIT B)* \$ 994.13

EXPENSES FOR THE MONTH *(TOTAL FROM EXHIBIT C)* \$ 11,545.45

*(Subtract Line C from Line B)* **CASH PROFIT FOR THE MONTH** \$ -10,551.32

B 25C (Official Form 25C) (12/08)

### UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL PAYABLES \$ 0.00

*(Exhibit D)*

### MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL RECEIVABLES \$ 150,000.00

*(Exhibit E)*

### BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

*(Exhibit F)*

### EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? 9  
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? 0

### PROFESSIONAL FEES

#### *BANKRUPTCY RELATED:*

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ 0.00

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ 151,652.66

#### *NON-BANKRUPTCY RELATED:*

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ 0.00

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ 750.00

B 25C (Official Form 25C) (12/08)

### PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:	\$ _____
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:	\$ _____
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:	\$ _____

### ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

## The Estate of Southern Pain Institute, PC

### BALANCE SHEET

As of March 31, 2017

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
0071 Pharmacy Checking	0.00
100 Regions - Pharmacy	0.00
109 Regions Operating	0.00
110 DCCU Op Acct	7,441.72
115 DCCU Savings	5.00
120 Petty Cash	0.00
121 Citizens Trust Payroll Acct	11,107.69
122 CTB Operating Acct	-2,680.15
123 CTB Tax Escrow Acct	-20.00
<b>Total Bank Accounts</b>	<b>\$15,854.26</b>
Other Current Assets	
12000 Undeposited Funds	0.00
125 Estimated Accounts Receivable	150,000.00
130 Transfer to Account	0.00
132 Employee Receivables	0.00
132.5 Lynn Clavo Savings Account	0.00
<b>Total 132 Employee Receivables</b>	<b>0.00</b>
133 Edward Jones CD	0.00
134 Certificate of Deposit-11310	0.00
135 Certificate of Deposit-11307	0.00
136 Certificate of Deposit-11298	0.00
137 Certificate of Deposit-Regions	0.00
138 Certificate of Deposit McIntosh	0.00
139 Certificate of Deposit McIntsh2	0.00
140 Certificate of Deposit McIntsh3	0.00
150 Suspense Account	0.00
Payroll Refunds	0.00
Uncategorized Asset	0.00
<b>Total Other Current Assets</b>	<b>\$150,000.00</b>
<b>Total Current Assets</b>	<b>\$165,854.26</b>
Fixed Assets	
251 Transportation Equipment	3,000.00
253 Furniture & Fixtures	0.00
255 Machinery & Equipment	0.00
256 Computer Equipment	0.00
260 Real Property-Conyer Building	0.00
263 Leasehold Improvements	0.00
278 Accumulated Depreciation	0.00
<b>Total Fixed Assets</b>	<b>\$3,000.00</b>
Other Assets	

	TOTAL
350 Security Deposit	11,902.78
361 Loan Fees	6,370.00
365 Accumulated Amortization	-6,370.00
<b>Total Other Assets</b>	<b>\$11,902.78</b>
<b>TOTAL ASSETS</b>	<b>\$180,757.04</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
403 Accounts Payable	0.00
<b>Total Accounts Payable</b>	<b>\$0.00</b>
Credit Cards	
410 American Express	0.00
<b>Total Credit Cards</b>	<b>\$0.00</b>
Other Current Liabilities	
404 Payroll Liabilities	0.00
404.1 Social Security	0.00
404.2 Federal Withholding	0.00
404.3 State Withholding	0.00
404.4 State Unemployment	0.00
404.5 Federal Unemployment	0.00
404.6 Garnishments	0.00
404.7 SEP Payable	0.00
404.8 Pension Payable	0.00
404.9 HSA Payable	0.00
<b>Total 404 Payroll Liabilities</b>	<b>0.00</b>
405 Unsecured Claims	597,658.00
411 Ad Valorem Taxes	74,311.18
420 S.T. Portion of L.T Liability	0.00
430 Due to Shareholder	0.00
465 On Deck Capital	0.00
471 Earnest Money from Concordia	0.00
<b>Total Other Current Liabilities</b>	<b>\$671,969.18</b>
<b>Total Current Liabilities</b>	<b>\$671,969.18</b>
Long-Term Liabilities	
441 GMAC - Yukon	0.00
443 SCB Loan #8000	0.00
444 VGM Financial	0.00
446 Lyon Financial	0.00
447 DeLage Financial	146,601.56
448 SCB Loan # 8700	0.00
451 Phillips Medical Capital	0.00
452 Regions Loan #96442	500,869.01
453 ProHealth Capital Lease	0.00
454 Phillips Medical Capital	0.00
455 Regions LOC #6467	0.00
456 Acura Financial	0.00
457 Phillips Medical Capital Lease	0.00
458 AT&T Capital Services	0.00

	TOTAL
459 Hyundai Motor Finance	0.00
460 Mortgage-Conyers Building	0.00
461 Elab Solutions	125,207.00
462 HTA Camp Creek, LLC	59,323.00
463 SNH Medical Properties	786,331.00
464 Regina Falo	27,863.00
470 Can Capital	117,104.00
475 S.T. Portion of L.T Debt	0.00
<b>Total Long-Term Liabilities</b>	<b>\$1,763,298.57</b>
<b>Total Liabilities</b>	<b>\$2,435,267.75</b>
Equity	
551 Capital Stock Issued	100.00
557 Accumulated Adjustments Account	-254,520.44
558 Contra Estimated Accounts Receivable	150,000.00
559 Sale of Fixed Assets	-223,176.97
560 Distributions	0.00
560.1 Tyrone MOB	0.00
560.3 Rockdale MOB	0.00
<b>Total 560 Distributions</b>	<b>0.00</b>
561 Petition Adjustment Account	-1,902,409.55
Net Income	-23,016.88
<b>Total Equity</b>	<b>\$ -2,253,023.84</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$180,757.04</b>

## The Estate of Southern Pain Institute, PC

### PROFIT AND LOSS

March 2017

	TOTAL
INCOME	
601 Medical Income	
601.11 United	993.49
<b>Total 601 Medical Income</b>	<b>993.49</b>
<b>Total Income</b>	<b>\$993.49</b>
GROSS PROFIT	<b>\$993.49</b>
EXPENSES	
763 Bank Service Charge	12.00
780 Credit Card Fees	25.00
789 Dues and Subscriptions	<b>864.45</b>
<b>789 Dues and Subscriptions</b>	535.00
848 Office Supplies & Expense	109.00
Uncategorized Expense	10,000.00
<b>Total Expenses</b>	<b>\$11,545.45</b>
NET OPERATING INCOME	<b>\$-10,551.96</b>
OTHER INCOME	
951 Interest Income	0.64
<b>Total Other Income</b>	<b>\$0.64</b>
NET OTHER INCOME	<b>\$0.64</b>
NET INCOME	<b>\$-10,551.32</b>



EXHIBIT C-1

CHECK REGISTER - OPERATING ACCOUNT

Name of Debtor: Southern Pain Institute, PC  
Case Number: 15-11593-WHD  
Reporting Period beginning March 1, 2017 and ending March 31, 2017.

NAME OF BANK: Citizens Trust Bank  
BRANCH: Atlanta Main Office  
ACCOUNT NAME: DIP Operating Account  
ACCOUNT NUMBER: 470053111  
PURPOSE OF ACCOUNT: Operating Account for Expenses

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>TYPE</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>	<u>STATUS</u>
<u>CHECKS UNCLEARED PER PRIOR REPORT</u>					
1/8/2016	1518	Stanley Steamer	Repair & Maintenance	403.08	Uncleared
3/4/2016	1530	Foot Pain, LLC	Rent	4,839.57	Uncleared
3/4/2016	1532	Lynwood Cleaveland/Old Town Realty	Rent	2,109.64	Uncleared
				<u>7,352.29</u>	

<u>CHECKS CLEARED AND ISSUED CURRENT MONTH</u>					
3/15/2017	1638	International Sureties, Ltd.	Bond Payment	535.00	
3/29/2017	1639	Cohen Pollock Merlin & Small	Outstanding Fees	5,000.00	
3/29/2017	1640	Moore, Colson	Outstanding Fees	5,000.00	
				<u>10,535.00</u>	

<u>WIRES/ACCOUNT TRANSFERS</u>					
		None			
				<u>0.00</u>	

<u>BANK FEES/ACH</u>					
3/3/2017	Check Card	Google Apps	Dues and Subscriptions	50.00	
3/8/2017		ADP Advance MD	Dues and Subscriptions	774.50	
3/27/2017		Intuit	Dues and Subscriptions	39.95	
				<u>864.45</u>	

Total Disbursements				11,399.45	
---------------------	--	--	--	-----------	--

## The Estate of Southern Pain Institute, PC

### Reconciliation Report

#### CTB Operating Acct, Period Ending 03/31/2017

Reconciled on: 04/17/2017 (any changes to transactions after this date aren't reflected on this report)

Reconciled by: John Thomson

#### Summary

Statement Beginning Balance	16,071.59
Checks and Payments cleared	-11,399.45
Deposits and Other Credits cleared	+0.00
Statement Ending Balance	4,672.14
Uncleared transactions as of 03/31/2017	-7,352.29
Register Balance as of 03/31/201	-2,680.15

#### Details

##### Checks and Payments cleared

<u>Date</u>	<u>Type</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
03/03/2017	Expense		GooGLE sVCS	-50.00
03/08/2017	Expense		ADP Advance MD	-774.50
03/21/2017	Check	1638		-535.00
03/27/2017	Expense		Intuit	-39.95
03/30/2017	Check	1639	CHECK #2034	-5,000.00
03/31/2017	Check	1640	CHECK #2034	-5,000.00
Total				-11,399.45

#### Additional Information

##### Uncleared Checks and Payments as of 03/31/2017

<u>Date</u>	<u>Type</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
01/08/2016	Check	1518	Stanley Steemer	-403.08
03/04/2016	Check	1530	Foot Pain LLC	-4,839.57
03/04/2016	Check	1532	Lynwood Cleaveland/Old Town Realty	-2,109.64
Total				-7,352.29

ACCOUNT: 470053111 PAGE: 1  
DOCUMENTS: 3 03/31/2017

\*\*\*\*\*EXCLUDE-Email  
3180 0.5285 EX 0.000 8 3 1243  
Southern Pain Institute  
DTP Operating Account  
1930 West Wesley Rd NW  
Atlanta GA 30327

30  
0  
3

If you have any questions about your account, please contact us at  
678.406.4000 or 1.888.214.3099.  
We appreciate the opportunity to serve you.  
Citizens Trust Bank - A relationship you can bank on

SMALL BUSINESS CHECKING ACCOUNT 470053111

MINIMUM BALANCE 4,672.14 LAST STATEMENT 02/28/17 16,071.59  
CREDITS .00  
6 DEBITS 11,399.45  
THIS STATEMENT 03/31/17 4,672.14

CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT	CHECK #..DATE.....AMOUNT
1638 03/21 535.00	1639 03/30 5,000.00	1640 03/31 5,000.00

DESCRIPTION	DATE	AMOUNT
POS 03/02/17 18:21 3251 GOOGLE *SVCSAPPGOOGLE *SV	03/03	50.00
cc@google.com CA 288257		
ADVANCEDMD 3/7 DD 34466676	03/08	774.50
Recur Pymnt 03/26/17 20:20 3251 INTUIT *QB ONLIINTUIT *QB	03/27	39.95
800-286-6800 CA 985968		

I N T E R E S T

AVERAGE LEDGER BALANCE: .00 INTEREST EARNED: .00  
INTEREST PAID THIS PERIOD: .00 DAYS IN PERIOD:  
ANNUAL PERCENTAGE YIELD EARNED: .00%

DAILY BALANCE					
DATE.....	BALANCE	DATE.....	BALANCE	DATE.....	BALANCE
03/03	16,021.59	03/21	14,712.09	03/30	9,672.14
03/08	15,247.09	03/27	14,672.14	03/31	4,672.14

1638	03/21/17	\$535.00
------	----------	----------

1638	03/21/17	\$535.00
------	----------	----------

1639	03/30/17	\$5000.00
------	----------	-----------

1639	03/30/17	\$5000.00
------	----------	-----------

1640	03/31/17	\$5000.00
------	----------	-----------

1610	02/21/17	05000 00
------	----------	----------

EXHIBIT C-2

CHECK REGISTER - DEPOSITORY ACCOUNT

Name of Debtor: Southern Pain Institute, PC  
Case Number: 15-11593-WHD  
Reporting Period beginning March 1, 2017 and ending March 31, 2017.

NAME OF BANK: Delta Community Credit Union  
BRANCH: Peachtree City  
ACCOUNT NAME: DEPOSITORY  
ACCOUNT NUMBER: 0880059430  
PURPOSE OF ACCOUNT: DEPOSITORY

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>TYPE</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>	<u>STATUS</u>
<u>CHECKS</u>					
		None			
				0.00	
<u>WIRES</u>					
		None			
				0.00	
<u>Bank Fees / ACHs</u>					
3/2/2017	ACH	Merchant Service Merch Fee	Credit Card Fees	25.00	Cleared
				25.00	
Total Disbursements				25.00	

## The Estate of Southern Pain Institute, PC Reconciliation Report

### DCCU Op Acct, Period Ending 03/31/2017

Reconciled on: 04/17/2017 (any changes to transactions after this date aren't reflected on this report)

Reconciled by: John Thomson

#### Summary

Statement Beginning Balance	6,472.59
Checks and Payments cleared	-25.00
Deposits and Other Credits cleared	+994.13
Statement Ending Balance	7,441.72
Register Balance as of 03/31/2017	7,441.72

#### Details

##### Checks and Payments cleared

<u>Date</u>	<u>Type</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
03/02/2017	Expense		Merchant Service Merch Fee	-25.00
Total				-25.00

##### Deposits and Other Credits cleared

<u>Date</u>	<u>Type</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
03/01/2017	Deposit		Deposit	993.49
03/31/2017	Deposit		DCCU	0.64
Total				994.13

SEND INQUIRIES TO:



P.O. Box 20541 Atlanta, GA 30320-2541  
www.DeltaCommunityCU.com

ACCOUNTS ARE NON-TRANSFERABLE EXCEPT ON THE BOOKS OF THIS CREDIT UNION.

SOUTHERN PAIN INSTITUTE PC  
1930 W WESLEY RD NW  
ATLANTA GA 30327

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO DISPUTE BILLING ERRORS AND ELECTRONIC TRANSFER ERRORS.

ACCOUNT NUMBER	0880059430	
STATEMENT PERIOD	FROM 03/01/17	THRU 03/31/17
DIRECT INQUIRIES TO:	404-715-4725 or 1-800-544-3328	
AUDIOLINE	404-715-4627 or 1-800-334-7536	
PAGE	1	

THE FINANCE CHARGE for an open-end loan is computed by applying the periodic rate to each unpaid balance for the exact number of days each balance was outstanding. The balance used to compute the FINANCE CHARGE is that balance each day after credits are subtracted and new advances or other charges are added.

\*\*DEBITS: New Loans, Refinanced Loans, Add-Ons or Principal Reversal.

Posting Date	Effective Date	Transaction Description	Payment, Credits Or Debits**	FINANCE CHARGE	Fees or Charges	Transaction Amount	NEW BALANCE
		Joint Owners: SOUTHERN PAIN INSTITUTE PC DBA PARISH PHARMACY					
03/01	ID 0001	BUSINESS SAVINGS Balance Forward					5.00
		Joint Owner: JOHN A THOMSON					
03/31		Ending Balance					5.00
		Dividends Paid Year to Date				0.00	
03/01	ID 0070	BUSINESS CHECKING 4430518 Balance Forward					6472.59
		Joint Owner: JOHN A THOMSON					
03/01		Deposit by Check				993.49	7466.08
03/02		Withdrawal ACH MERCHANT SERVICE				25.00-	7441.08
		TYPE: MERCH FEE CO: MERCHANT SERVICE					
03/31		Deposit Dividend 0.100%				0.64	7441.72
		Annual Percentage Yield Earned 0.10% from 03/01/17 through 03/31/17					
		Based on Average Daily Balance of 7,441.89					
03/31		Ending Balance					7441.72
		Dividends Paid Year to Date				1.36	
-----							
			Total For	Total Year-			
			This Period	to-Date			
-----							
Total Returned Item Fees			0.00	0.00			
-----							
Total Overdraft Fees			0.00	0.00			
-----							
		Total Dividends Paid Year to Date				1.36	

### CHECK REGISTER - PAYROLL ACCOUNT

Name of Debtor: Southern Pain Institute, PC  
Case Number: 15-11593-WHD  
Reporting Period beginning March 1, 2017 and ending March 31, 2017.

NAME OF BANK:	Citizens Trust Bank
BRANCH:	Atlanta Main Office
ACCOUNT NAME:	Payroll Account
ACCOUNT NUMBER:	470053108
PURPOSE OF ACCOUNT:	Payroll Expenses

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>TYPE</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>	<u>STATUS</u>
	<u>CHECKS</u>				
		None			
				0.00	
	<u>WIRES</u>				
		None			
				<u>0.00</u>	
	<u>Bank Fees / ACHs</u>				
3/28/2017	ACH	Intuit Payroll Service	Payroll Service Fees	<u>109.00</u>	Cleared
				109.00	

Total Disbursements	109.00
---------------------	--------



## The Estate of Southern Pain Institute, PC Reconciliation Report

### Citizens Trust Payroll Acct, Period Ending 03/31/2017

Reconciled on: 04/17/2017 (any changes to transactions after this date aren't reflected on this report)

Reconciled by: John Thomson

#### Summary

Statement Beginning Balance	11,216.69
Checks and Payments cleared	-109.00
Deposits and Other Credits cleared	+0.00
Statement Ending Balance	11,107.69
Register Balance as of 03/31/2017	11,107.69

#### Details

Checks and Payments cleared

<u>Date</u>	<u>Type</u>	<u>Num</u>	<u>Name</u>	<u>Amount</u>
03/28/2017	Expense		McKesson Pharmacy Systems	-109.00
Total				-109.00

ACCOUNT: 470053108 PAGE: 1  
DOCUMENTS: 0 03/31/2017

\*\*\*\*\*EXCLUDE-Email  
3179 0.3700 EX 0.000 8 3 1242  
Southern Pain Institute  
DIP Payroll Account  
1930 West Wesley Rd NW  
Atlanta GA 30327

30  
0  
0

=====  
If you have any questions about your account, please contact us at  
678.406.4000 or 1.888.214.3099.  
We appreciate the opportunity to serve you.  
Citizens Trust Bank - A relationship you can bank on  
=====

=====

SMALL BUSINESS CHECKING ACCOUNT 470053108

=====

MINIMUM BALANCE	11,107.69	LAST STATEMENT 02/28/17	11,216.69
		CREDITS	.00
		1 DEBITS	109.00
		THIS STATEMENT 03/31/17	11,107.69

DESCRIPTION	- - - - - OTHER DEBITS - - - - -	DATE	AMOUNT
Payroll Service Fee 4657562		03/28	109.00

- - - - - I N T E R E S T - - - - -

AVERAGE LEDGER BALANCE:	.00	INTEREST EARNED:	.00
INTEREST PAID THIS PERIOD:	.00	DAYS IN PERIOD:	
		ANNUAL PERCENTAGE YIELD EARNED:	.00%

- - - - - DAILY BALANCE - - - - -			
DATE.....BALANCE	DATE.....BALANCE	DATE.....BALANCE	
03/28 11,107.69			

EXHIBIT C-4

CHECK REGISTER - TAX ACCOUNT

Name of Debtor: Southern Pain Institute, PC  
Case Number: 15-11593-WHD  
Reporting Period beginning March 1, 2017 and ending March 31, 2017.

NAME OF BANK: Citizens Trust Bank  
BRANCH: Atlanta Main Office  
ACCOUNT NAME: DIP Escrow Tax Account  
ACCOUNT NUMBER: 470053108  
PURPOSE OF ACCOUNT: Bankruptcy Tax Escrow Account

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>TYPE</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>	<u>STATUS</u>
	<u>CHECKS</u>	None		<u>0.00</u>	
	<u>WIRES</u>	None		<u>0.00</u>	
	<u>Bank Fees / ACHs</u>				
3/31/2017	Bank Fees	Citizens Trust Bank	Service Charge	<u>12.00</u>	Cleared
				<u>12.00</u>	
Total Disbursements				<u><u>12.00</u></u>	(d)

SUMMARY OF TAXES PAID

Payroll Taxes Paid	<u>                    </u>	(a)
Sales & Use Taxes Paid	<u>                    </u>	(b)
Other Taxes Paid	<u>                    </u>	(c)
TOTAL	<u>                    </u>	(d)

- (a) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5O).  
(b) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5P).  
(c) This number is reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 5Q).  
(d) These two lines must be equal.

## The Estate of Southern Pain Institute, PC

### Reconciliation Report

#### CTB Tax Escrow Acct, Period Ending 03/31/2017

Reconciled on: 04/17/2017 (any changes to transactions after this date aren't reflected on this report)

Reconciled by: John Thomson

#### Summary

Statement Beginning Balance	-8.00
Service Charge	-12.00
Checks and Payments cleared	0.00
Deposits and Other Credits cleared	+0.00
Statement Ending Balance	-20.00
Register Balance as of 03/31/2017	-20.00

ACCOUNT: 470053124 PAGE: 1  
DOCUMENTS: 0 03/31/2017

\*\*\*\*\*EXCLUDE-Email  
3181 0.3700 EX 0.000 8 3 1244  
Southern Pain Institute  
DIP Escrow Tax Account  
1975 W Hwy 54 Ste 100  
Peachtree City GA 30327

30  
0  
0

=====  
If you have any questions about your account, please contact us at  
678.406.4000 or 1.888.214.3099.  
We appreciate the opportunity to serve you.  
Citizens Trust Bank - A relationship you can bank on  
=====

=====

SMALL BUSINESS CHECKING ACCOUNT 470053124

=====

MINIMUM BALANCE	8.00-	LAST STATEMENT 02/28/17	8.00-
		CREDITS	.00
		1 DEBITS	12.00
		THIS STATEMENT 03/31/17	20.00-

DESCRIPTION	- - - - - OTHER DEBITS - - - - -	DATE	AMOUNT
SERVICE CHARGE		03/31	12.00

- - - - - I N T E R E S T - - - - -

AVERAGE LEDGER BALANCE:	.00	INTEREST EARNED:	.00
INTEREST PAID THIS PERIOD:	.00	DAYS IN PERIOD:	
		ANNUAL PERCENTAGE YIELD EARNED:	.00%

- - - ITEMIZATION OF SERVICE CHARGE PAID THIS PERIOD - - -

TOTAL CHARGE FOR BALANCE REQUIRED FEE: 12.00

DATE.....BALANCE	DATE.....BALANCE	DATE.....BALANCE
03/31 20.00-		

EXHIBIT C-5

REGISTER - SAVINGS ACCOUNT

Name of Debtor: Southern Pain Institute, PC  
Case Number: 15-11593-WHD  
Reporting Period beginning March 1, 2017 and ending March 31, 2017.

NAME OF BANK: Delta Community Credit Union  
BRANCH: Peachtree City  
ACCOUNT NAME: DEPOSITORY  
ACCOUNT NUMBER: 0880059430  
PURPOSE OF ACCOUNT: SAVINGS

Account for all disbursements, including voids, lost checks, stop payments, etc. In the alternative, a computer generated check register can be attached to this report, provided all the information requested below is included.

<u>DATE</u>	<u>TYPE</u>	<u>PAYEE</u>	<u>PURPOSE</u>	<u>AMOUNT</u>	<u>STATUS</u>
	<u>CHECKS</u>	None		<u>0.00</u>	
	<u>WIRES</u>	None		<u>0.00</u>	
	<u>Bank Fees / ACHs</u>	None		<u>0.00</u>	
Total Disbursements				0.00	

## The Estate of Southern Pain Institute, PC

### Reconciliation Report

#### DCCU Savings, Period Ending 03/31/2017

Reconciled on: 04/17/2017 (any changes to transactions after this date aren't reflected on this report)

Reconciled by: John Thomson

#### Summary

Statement Beginning Balance	5.00
Checks and Payments cleared	0.00
Deposits and Other Credits cleared	+0.00
Statement Ending Balance	5.00
Register Balance as of 03/31/2017	5.00

SEND INQUIRIES TO:



P.O. Box 20541 Atlanta, GA 30320-2541  
www.DeltaCommunityCU.com

ACCOUNTS ARE NON-TRANSFERABLE EXCEPT ON THE BOOKS OF THIS CREDIT UNION.

SOUTHERN PAIN INSTITUTE PC  
1930 W WESLEY RD NW  
ATLANTA GA 30327

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO DISPUTE BILLING ERRORS AND ELECTRONIC TRANSFER ERRORS.

ACCOUNT NUMBER	0880059430	
STATEMENT PERIOD	FROM 03/01/17	THRU 03/31/17
DIRECT INQUIRIES TO:	404-715-4725 or 1-800-544-3328	
AUDIOLINE	404-715-4627 or 1-800-334-7536	
PAGE	1	

THE FINANCE CHARGE for an open-end loan is computed by applying the periodic rate to each unpaid balance for the exact number of days each balance was outstanding. The balance used to compute the FINANCE CHARGE is that balance each day after credits are subtracted and new advances or other charges are added.

\*\*DEBITS: New Loans, Refinanced Loans, Add-Ons or Principal Reversal.

Posting Date	Effective Date	Transaction Description	Payment, Credits Or Debits**	FINANCE CHARGE	Fees or Charges	Transaction Amount	NEW BALANCE
		Joint Owners: SOUTHERN PAIN INSTITUTE PC DBA PARISH PHARMACY					
03/01	ID 0001	BUSINESS SAVINGS Balance Forward					5.00
		Joint Owner: JOHN A THOMSON					
03/31		Ending Balance					5.00
		Dividends Paid Year to Date				0.00	
03/01	ID 0070	BUSINESS CHECKING 4430518 Balance Forward					6472.59
		Joint Owner: JOHN A THOMSON					
03/01		Deposit by Check				993.49	7466.08
03/02		Withdrawal ACH MERCHANT SERVICE				25.00-	7441.08
		TYPE: MERCH FEE CO: MERCHANT SERVICE					
03/31		Deposit Dividend 0.100%				0.64	7441.72
		Annual Percentage Yield Earned 0.10% from 03/01/17 through 03/31/17					
		Based on Average Daily Balance of 7,441.89					
03/31		Ending Balance					7441.72
		Dividends Paid Year to Date				1.36	
<hr/>							
			Total For This Period		Total Year-to-Date		
		Total Returned Item Fees		0.00		0.00	
		Total Overdraft Fees		0.00		0.00	
<hr/>							
		Total Dividends Paid Year to Date				1.36	